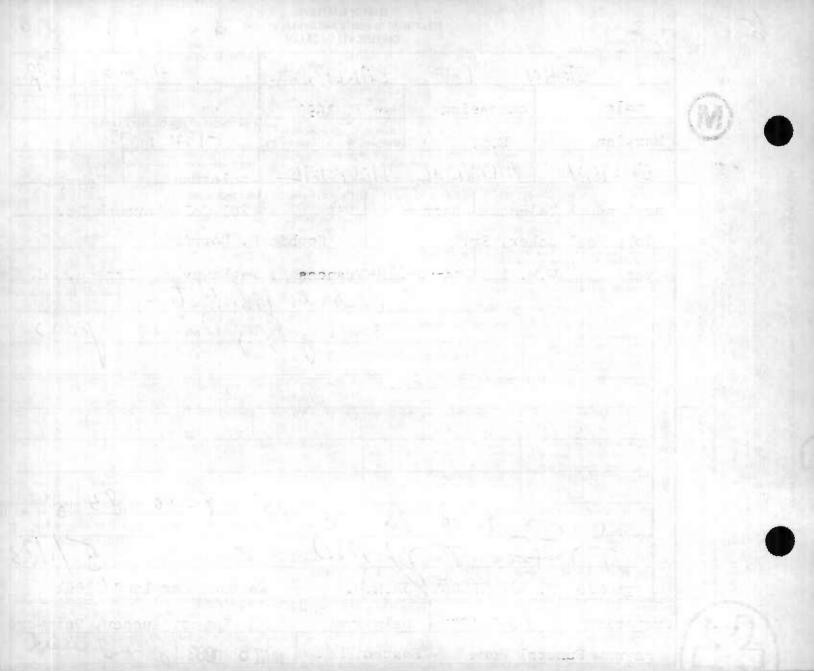
William Hayaco Caraca San San San San SALE OF THE PROPERTY OF THE PR 1211 Eastern I Mangard Gospital Person ! With the first of the same of the facility of the same William Eventill in Mill Reserved their house the first finish and CHADLE fuely called HARES T Burant, a thornwell A Orac PinGlast BlasticE ALCOHOLS OF THE REPORTED ALED MARKET PROGRESS FOR THE STATE OF THE STA 4 1 1 1 2 2 Backery Whater Transaction and the second and the same of the same a Cartal Of E. C. C. Hotel at 1

	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	1 4 0
rdeath		ECEASED NAME FIRST HOWAN	ame	s Baker		7 - 83 26 HOUS
affer	3. S	X	1. RACE	5. DATE OF BIRTH	& AGE   IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
Pours a	L	male	white	Aug. 21, 1902	80 yrs.	DATS HOURS
2 ho	7a !	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	OF DEATH
within 72 h	I	d.	USA	WIDOWED DIVORCED	1 11 -	
78	10, 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	12b. KIND OF BUSINES
E X		Easton	Memoria	L Hospital	truck driver	11 11 10 0 0 1 K 1
135	130	AL RESIDENCE (IF NURSING HOLE OR OSTATE 121- COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
بقر			Line C. Ridgl		Ridgley Md. 216	60
Tine	14. F	ATHER'S NAME FIRST	NDDLE LAST	15. MOTHER'S MAIDEN N	IAME	LAST
2528	₽.	John	Baker	Mary	Davi	
ž -		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
E	1	no no ne unknown)	212-03-	4222   Clifford Ba	kerChestertown Ma	. 21620
ovol.		18 CAUSE OF DEATH (Enter only				APPROXIMATE INTERV.
vent		PART I. DE ATH WAS CAUSED	BY. AU GOT		augo	DETWEEN ONSET AND D
itie e		4409	CA032 (0)			
froumo		Conditions, if ony, which	DUE TO, OR AS A CONSEO	ve tuberculos	17	
ar tro		gave rise to immediate cause (a), stating the	DUE TO OR AS A SOMES			
athe		underlying couse last.	DUE TO, OR AS A CONSEO	phy sema		
٧. مر		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO		RMINAL DISEASE OR CONDITION GIV	EN IN PART TIO
, in to	CERTIFICATION					
prior ony i	3	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED TYING CAUSES OF DEATH
Mental Hygiene or Item 18 shows	E					S NO
18 shows	۳	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
E 9	14 S	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STA
norked	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC)	(11)	-
is mor		22a I certify that (I) (this hospita	ol) attended the deceased from	4 0 19 9	7 10 4 2	19.85 , that (I) (w
21 :		sow the deceased alive on above, (1) (we) (did) (did pot	4 2 / 19	, and that in (my) (our) opinio	n death accurred on the date and hou	r and from the couses stat
with the State Dept. of Heo IMPORTANT: If Item 21 is m		22b SIGNATURE	view the body offer deoth.	DEGREE		22c. DATE SIGNED
=	н	P. Sienelle	ede NA	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/23/83
Z	1	22d. PHYSICIAN SHAPE THE CO	PRINT)	22e ADDRESS	DIRECTOR   PHISICIAN	11100
OR		P.GREGG KHO	DES M.D.	400 Puleh man	r La Easton, Mel &	21401
3 4	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		-100
	230	SPECIFY)			CITY OR TOWN	COUNTY STA
	74 F	Burial UNERAL DIRECTOR		nurch Hill Cemetery	TE REC'D BY PEGISTPAPI TO PEGIST	
4/82		NAME Halfanhain	Wishband Transfer	1 Home Chester, MA	15 1983 John	2 Caluela
		Herrenbern	nuovard runera	THOME RESTEL HIM	1300	

4 27 83 36 Howard Ball Baker Tallet Easton Missonial Hagorial Eustern Services of the last terminal and the services of the services Contract Con following the state of bloce the review, a finite



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN OF ESTI-DEATH MATED (TYPE OR PRINT) OUR FILES. 72 HOURS N STREET, 1919 83 John Marshal Barro DIRECTOR 4 RACE IF UNDER 24 HRS 2d HOUR 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS DATE 16°, whiteoct. LAST BIRTHDAY PRONOUNCED 2:10 1921 male 19 19 83 DEAD Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA Talbot County Kent Co. Md WIDOWED [ DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! State Hdwy Easton Adm. Easton Memorial Hospita
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Talbot Easton 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YESXX Bx 132 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST AND MENTAL HAGINE, DIVISION OF METON, OR REMOVAL. Valerie Marbury Wethered Barroll 16b. SOCIAL SECURITY NO 168 WAS DECEASED EVER IN U.S. ARMED FORCES? WW 2 & Korea Stewart Barroll 220 01 0644 Chestertown Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HE TO PRIOR TO BURIAL, C 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES V NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING :45xx 4 19 Self inflicted CONTRIBUTING CAUSE OF DEATH 19 83 EXECUTE THE CERTIFICATE, WRITING 1
PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHO
AFTER DEATH, WITH THE STATE DEPAGE
BALTIMORE, MARYLAND, 21201 PRIO 21e PLACE OF INJURY (AT HOME, 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK AT WORK Waniger Rd Talbot Md. home Easton 220. I certify that I took thorough the remains described above, held on X Undetermined manner death resulted for Homicide TITLE (SPECIFY) ACTUAL M Depaty ChiefMEDICAL EXAMINER SIGNED 4/19/83 Thomas D. Smith, III Penn St. Balto., MD. EXAMINER'S NAME (TYPE OR PRINT) 23d, LOCATION Wilmington, Del. Silverbrook Crematory 4/19/83 Cremation BP 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Chestertown, Md. (VR A15 ME (5))

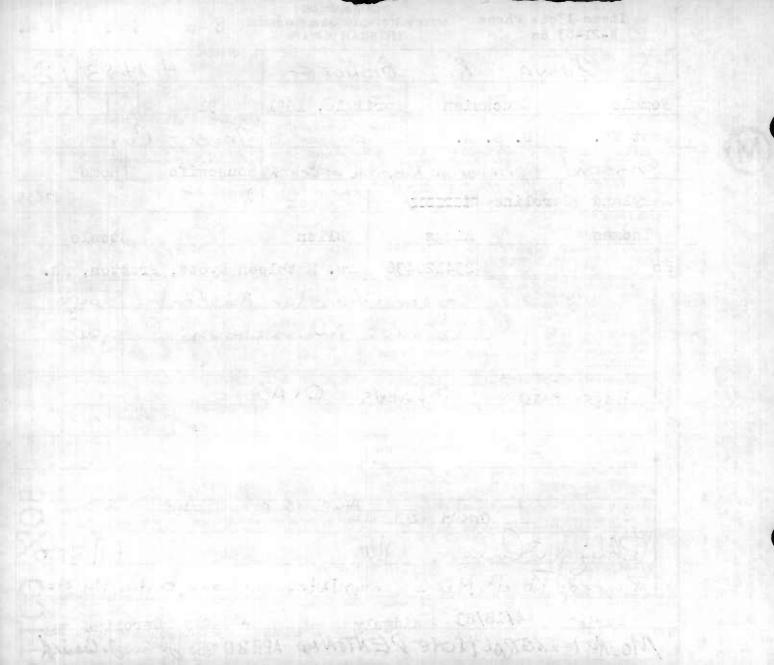
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	I	tem #5 O.K.	Film G578	3 4/22/83	rc STATE OF MA	RYLAND			
	1	FOR STATE REGISTRAR		DEPAR	TMENT OF HEALTH A CERTIFICATE (		REG. NO.	4	
			757	MIDDLE	LAST		20. DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
oy be			am	Edward	Berry	y Sr.	4	5 83	1235 F
4 may	3.58	K	4 RACE		5. DATE OF BIRTH	AY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HR
960	-	male	Neg		Unknow		88	YRS.	
d the	1	IRTHPLACE (STATE OR FOREM		OF WHAT COUNTRY	MARRIED M NE		BALTIMORE CITY OR CO	UNTY OF DEATH	
9	m.c	ITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, NURS	ING HOME OR OTHER	DIVORCED [	12a USUAL OCCUPATION	12b. KIND O	F BUSINESS C
3 offer	F	-aston 216		SUCH FACILITY, GIVE STRE	os Dital		(TYPE OF WORK FOR MOST OF WOR	RKING LIFE) INDUSTRY	
hoor and and	USU 13g	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUT	TION, GIVE RESIDENCE BEFO		DE CITY HANTES	13e. STREET ADDRESS		011
n 24		Md.	Q.A.	Church	Hill YES	NO X	None		210
15 10	14. F	ATHER'S NAME	WIDDLE	LAST	15. MOT	HER'S MAIDEN N	AME	LAST	
Pa duo /s/C		Unknown				FIRST	Unknown		
dico des		WAS DECEASED EVER IN U	S. ARMED FORCE				ADDRESS		
S. Po		no		220-32	2-9959-A	Mary	Berry Bar	clay, Md	•
ysici aper val.		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one cause	per line for (a), (b),	and (c).)		,	APPROXIA BETWEEN O	MATE INTERVAL
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that d by eose of, cr		underlying couse lo	ast (c)	ASC	NA				
gne gne buri buri	-	PART 2 OTHER SIGNIFIC	ANT CONDITION	S CONTRIBUTING TO	DEATH BUT NOT REL		MINAL DISEASE OR CONDITIC		
en si or to	é	Depati to	2	Jusie	at 1/e		Mars lesur		
low refermit.	CERTIFICATION	19a. DATE OF OPERATION	19b CO	NDITION FOR WHIC	H OPERATION WAS PE	ERFORMED 1	20a AUTOPSY? 20b	IF YES, WERE FINDIN CERTIFYING CAUSES	GS USED OF DEATH?
The laction.	Ē	ra.					YES NO	YES [	NO 🗆
Z & G of &		21a. ACCIDENT WAS UNDERLY		AE OF INJURY A.M. MONTH	DAY YEAR	W INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	TEM 18 PART 1 OR PART 2)	
SICI ng p certs certs ento	S	(IF EITHER, NOTIFY MEDICALE)	(AMINER)	P.M.	19		194		
DING PHYSICIA or attending p After this certif e os the burial-i oith and Mental marked or tem	MEDICAL	21d. INJURY OCCURRED	LAT HOM	CE OF INJURY E. STREET, FACTORY, OFFICE	E, FARM, ETC.)	STREET	city de l'Own	EQUIVEY	STATE
orke or the orke		AT WORK NOT WHILE			elah.	0.5	ALT	93	
Leof A se F s		220.1 certify that (1) (this		the deseased from	02	19_0	2 10 -1 -		hot (I) (M)
Sprite CTO CTO I for of I		saw the deceased all above, (I) (we) did (	did not) view the b	ady ofter death.	, and that in	(my) (aur) apinio	n death accurred an the date of	nd hour and from the c	auses stated
OR or house born or heart		12X SIGNATURE	7	- 0 -	DEGAEE			22c. DATE S	IGNED
Al D Al D Al D detac ate D		VIDET	1 00	when	M?	ATTENDING - PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0 4	5.8
d b		22d PHYSICIAN'S NAME	(TYPE OR PRINT)	W115 1	120 ADI	DRESS 17 M	12 3 Prox	127	
D HO former of the house of the		Medica	1, 14	- NUCINS	IUK 9	LASTUN	MANI	Cotube.	2/6
0 a 5 a 1 3 4	23a.	BURIAL, CREMATION, REM		230	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION		**:2=
BP		Crematic	n 4-7	7-83 I	Delmarva (	Cremato	ry Lewes Su	ISSEX De	1.
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR	1 1.	Appress		25a. D/	ATE REC'D. BY REGISTRAR (S). F	REGISTRAR'S SICHALL	JRE .
(VRA 15, 4)		9 K. BAN	With Kly	en North	mid 11	129 A	PR 1 1 1983 For	and lan	myo

China a Samed Berry Serry Str. X Courch Rill 220-32-9959-A Mary Barry Cremation 4-7-83 | Dolmarva Orematory Levge Sugsex Del TE PARTY PROGRAMMED THE PROGRAMMED TRACT

		CEASED NAME OR PRINT)	ISNA	RIDDLE	BIS	NOFF	29. DA	TE OF DEATH MONTH	14-82 /
	3. SE:		4. RACE	, _,	S. DATE OF	BIRTH	6. AGE	(IN YEARS EAST BIRTHDAY)	IF UNDER 1 YEAR IF UN
	Fe	emale	Cauc	asian	Apri	1 16.	1891	91 YRS	MONTHS DAYS HOUR
SIE		RTHPLACE (STATE OR FORE	IGN 76 CITIZEN	F WHAT COUNTRY	? 8.	□ NEVER MAR	RIED 9 BAL	TIMORE CITY OR COUN	
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18	2	ASTON	(IF NOT IN ME		LOSPITE	- 6	/ITYPE C	SUAL OCCUPATION  DE WORK FOR MOST OF WORKING  USEWIFE	G LIFE) 126. KIND OF BUS INDUSTRY Home
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1	14 FA	THER'S NAME	WIDDLE	LAST	1	5. MOTHER'S MA		WIDDLE	LAST
بلا	4	Thomas		Riggs		Eller	1		Steele
7	400	AS DECEASED EVER IN	U.S. ARMED FORCES	1		7. INFORMANT		ADDRESS	
	No		· · · · · · · · · · · · · · · · · · ·	234120	436 I	Ars. Ka	athleen	Dyott, P:	reston. M
		18 CAUSE OF DEATH	Enter only one couse:	per line for (a), (b), a	ind (c).)		0	, 1	APPROXIMATE IN
		PART I. DEATH WAS	MEDIATE CAUSE (0)	Cerel	bral	ascu	lar A	ccident	days
	38	4360	DUE TO	OR AS A CONSEQU	UENCE OF	- 1 1			3
		Conditions, if ony, w	hich (b)	Del	Euse	Ath	ovecle	212015	ugars
		gove rise to immed couse (a), stating		OR AS A CONSEOL	JENCE OF				0-
		underlying couse	lost (c).						
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		PART 2 OTHER SIGNIF	ICANT CONDITIONS	COMINIBOLING	DEATH BUT N	OT RELATED TO	THE TERMINAL D	ISEASE OR CONDITION (	GIVEN IN PART 110
	NO	PART 2 OTHER SIGNIF	CANT CONDITIONS	Pre	VIOS S	OT RELATED TO	VA 5	ISEASE OR CONDITION (	GIVEN IN PART 110
7	CATION	PART 2 OTHER SIGNIF	ension	Pre	V10515	. C.	VAS	AUTOPSY? 200-4F	YES, WERE FINDINGS U
2	TIFICATION	Hypert	ension	Pro	V10515	. C.	VAS	AUTOPSY? 200 AF	
2	CERTIFICATION	14 per 1 190. DATE OLDPERATIO  210. ACCIDENT WAS UNDERL	N 19b. COI	Pre NDTION FOR WHICH	H OPERATION	WAS PERFORME	VA 5	AUTOPSY? 200 AF	YES, WERE FINDINGS U RTIFYING CAUSES OF DI YESNC
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2		14 per 1 190. DATE OLDPERATIO  210. ACCIDENT WAS UNDERL	N 19b. COI	PAGE OF INJURY  A.M. MONTH E  P.M. CE OF INJURY	HOPERATION DAY YEAR	WAS PERFORME	VA 5	AUTOPSY? 201 F	YES, WERE FINDINGS U RTIFYING CAUSES OF DI YES NC 18 PART I OR PART 2)
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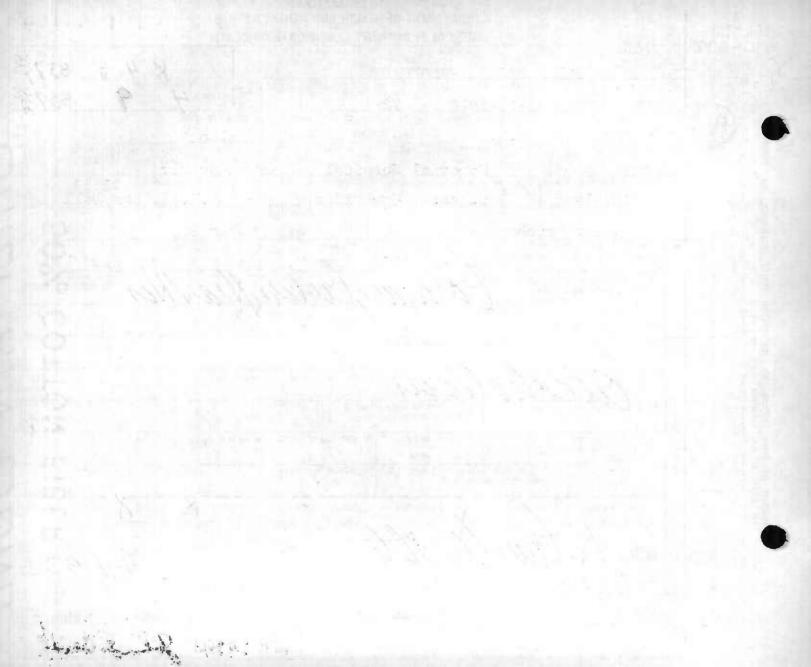
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	STATE OF MARYLAND	
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 4 1 5
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month	Day Year 2b. HOUR
PM3.	(Type or Print)	8 1837EM
	JOHN OSCAR BRUCHMANN  3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d HOUR
Pog mrtm	lost birthday) MONTHS DAYS HOURS MIN Month L Day	Year 1983 942 M
5 F W/B V	MALE   WHITE   5-19-1910   72 yrs.   70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH	14 DJ J M
= flam	Country	44.7
Den Sign	New York U.S. WIDOWED DIVORCED Talbot  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
W-E8 EM	give street address) during most of working life even if retired )	INDUSTRY
Md. 2 in 24 encil III s Office		01610
S S S S	admission) STATE NOW COUNTY	21613 x 141K
with in p	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Last
rimos in a vamir	Oscar Bruchmann Agnes Suster	LUSI
BALT execution pendin dical Expanding pages	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
REET, BALTIMORE, Md. I be executed within 24 and "pending" in pencil Medical Examiner's Offi File pages. o.id 2 will vent within 72 hours offi	(Yes, na, ar unknown) (If yes give war or dates of service) 0.66-16-1339 Anna M. Bruchmann see	item 13
STREET, nuld be ward nief Med it. File y event		APPROXIMATE INTERVAL BETWEEN GIVET AND DEATH
TON STRI e shauld ng the war the Chief permit F	18. CAUSE OF DEATH (Enter only one cause per life that (b), and (c).  PART I. DEATH WAS CAUSED BY:	DETWEEN CHIEF AND GRAPH
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W. PRESTON certificate state, writing the ded to the 1-transit per	Canditians, if any, which gave )	A 160 TO
	rise to immediate cause (o).  DUE TO, OR AS A CONSEQUENCE OF	
w. ce cate orde	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF	
301 W. PRES This certificate, writin farwarded ta burial-transit r removal, and	PART 2. OTHER SERVICES CONDITIONS SATERIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
EXAMINER: This cerexecute the certificate, should be farwarded used as a burial-tremovian, ar removal.	THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
EXAMINER: xecute the ce hauld be founded as a central consider.	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
L EXAMIN L EXAMIN Execute the should be used as	WAS PERFORMED?	YES NO
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OF VIT MEDIC TY MEDIC STY, pleas. Page in files. Shauld I ta burfal	PRIMARY OR CONTRIBUTING HOUR A.M.  (AUSE OF DEATH P.M 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
PUTY ESSARY CTAT. YOUR 3 Sh	WHILE NOT WHILE factory, office building, etc.)	coomy
DIVISION OF VITAL TO DEPUTY MEDICAL is necessary, please 4 I director. Page 4 I far your files. Page 3 should be	AT WORK L AT WORK	4
> C p b b o o	22a. I certify that took marge of the remains described above, held an Autapsy, Inspection, Inquiry	J, and in my apinian
delay is to funeral a fune	death resulted from: Natural causes Accident Suicide , Hamicide , Undetermined manner	
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If any delay is a the funeral y be retained to breather the funeral when the funeral Hygien	SIGNATURE	11-42
# \$ \$ \$ #	EXAMINER'S   DEPUTY MEDICAL EXAMINER   7-   NAME (Type)   R. Lane Wroth, M.D.   ADDRESS (Stree Str. tow Maior lands)   ADDRESS (Stree	d. 21663
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offer de 2, and Page 5 TO FUR Health	DEMOVAL (Specific)	(County) (State) Sussex Del
0.10-	Cremation 4-12-1983 Delmarva Crematory Lewes  24. FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 250. AEGISTRAR'S	Lot 4
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(VR A15ME (5))	Newnam Funeral Home Easton, Md. DAFARR 14 983	The Country !



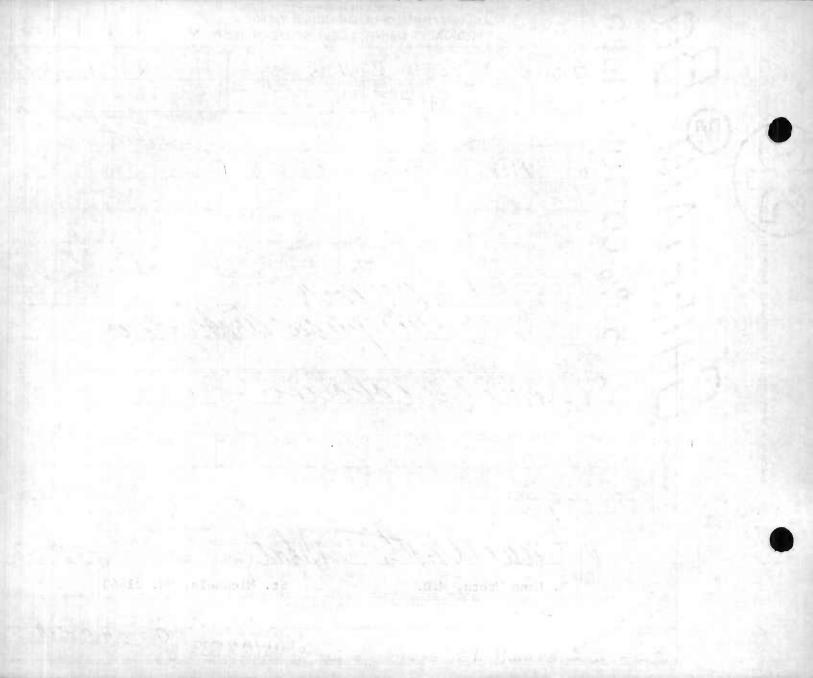
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tilled to	D		or other institution give residence berountly is coline in Greens	boro YES 🗱 NO 🗌	Maple Ave.	21039
<b>(4)</b>		Clarence E		15. MOTHER'S MAIDEN NAV FIRST Myrti WRITY NO. 17. INFORMANT	e Cummings ADDRESS	LAST
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nos been signed by the attendi permit. Then please remove cor ne prior to buriol, cremation, o we ony injury, or other troumat	CERTIFICATION		Due to, or as a consecution of the conditions contributing to	Etheterization for JENCE OF CS Mellitus 2 multiple of the TERM to parcis 2 ileus, HOPERATION WAS PERFORMED	inal disease or condition GI Vomiting, POS 200 AUTOPSY? 200 IEVE	is > 10 year
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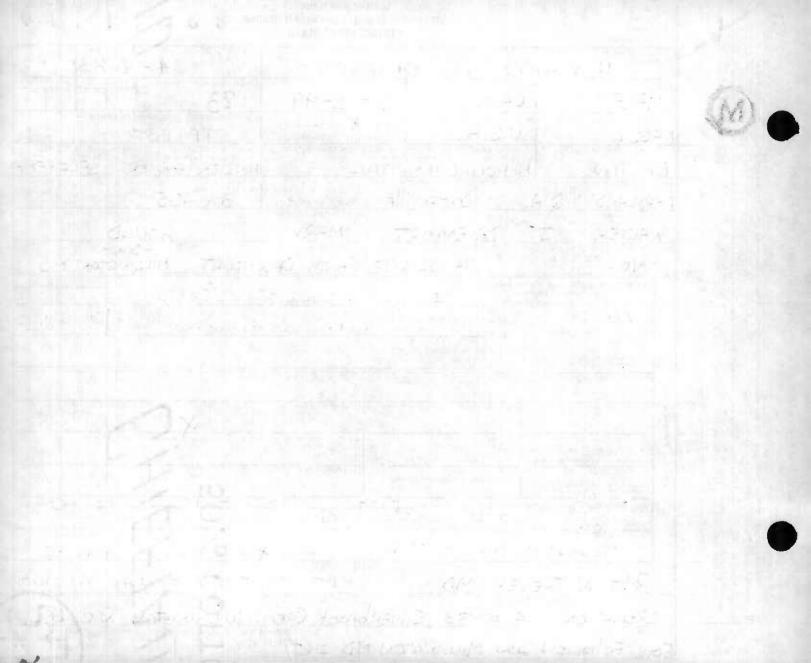
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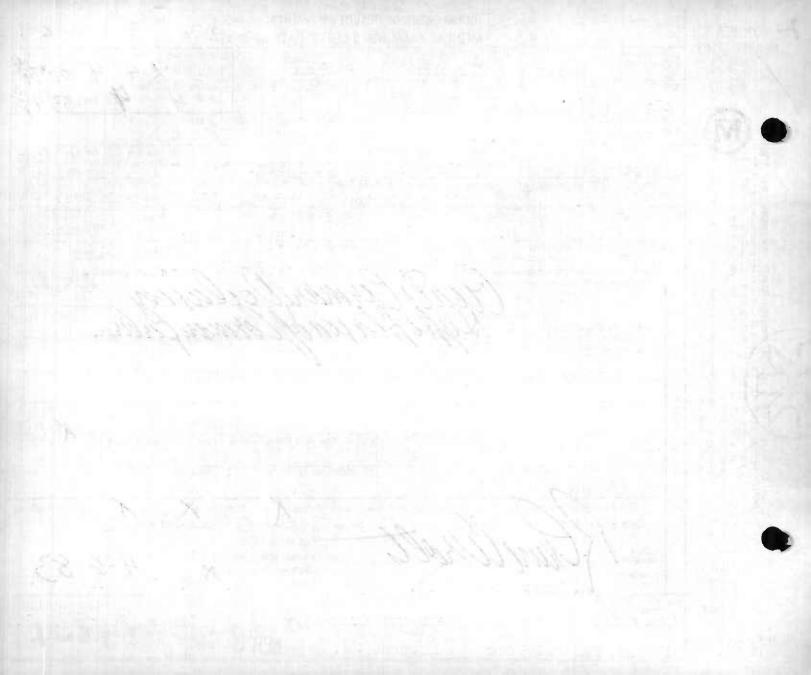
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH CTYPE OF PRINTS OF ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH DATE 20. MONTH LAST BIRTHDAY) PRONOUNCED 2 YRS DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH NESDITHPLACE (STAT 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MISEN COUNTRY WIDOWED X DIVORCED 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY WNOT IN SUCH FACILITY, GAE STREET ADDRESS) OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD 13d. INSIDE CITY LIMITS? 183e STREET ADDRESS 13c. CITY OR TOWN COUNTY YES NO P 15. MOTHER'S MAIDEN NAME IA FATHER'S NAME MIDDLE MIDDLE 17 INFORMANT IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SECURITY NO. ADDRESS 5220 pollance THE HOLDE DESCRIPTION (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per light for (a)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OP AS A CONSEQUE Canditions, if any, which gave the to immediate cause (a) stating the under-OR AS A CONSEQUENCE OF lying cause fast. AND PONDITIONS CONTRIBUTING TO DEATH BUP NOT PELASO TO THE TERMINAL DEPASE OF CO USED OF HEA 28. AUTOPSY? TO BURIAL VARDED TO THE CHANGE 1 SHOULD BE LAND ATE DEPARTMENT OF YES K NO [ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e, PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK PAGE A SHOULD BE FOR TO FUNERAL DIRECTOR; PAFER DEATH, WITH THE STALLMORE, MARYLAND, 21 72a I certify that Wool first the rentains described above, held an Autopsy Inspection Z Inquiry ( ond in my opinion death resulted Undetermined monner MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME St. Michaels, Md. 21663 R. Lane Wroth, M.D. (TYPE OR PRINT) ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY SUBLIN DHMH-17 20M 1/73 24. FUNERAL DIRECTOR (VR A15 ME (5)) NAME .





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECFASED-NAME 20. DATE KNOWN (Type or Print) OF ESTI-DEATH MATED Cleveland Durham Moses 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 58 DEC 11, 1924 Male White 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH (country) Virginia U.S.A. Talbot WIDOWED X DIVORCED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS CKe give street oddess) Memorial Hospital Sermost Marking Weeven if retired.) Easton \$30. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Talbot 114 Choptank Ave. Easton YES TO NO 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Susie B . Turner David Durham 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 2 King Court Ab. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) -12-4920 Sharon L. Scharch Easton, Md APROXIMATE SCENAR Yes 18 CAUSE OF DEATH (Enter only one couse por PART I. DEATH WAS CAUSED BY: SETWIEN OMIST AND DEATH IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (a). stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18. 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK took charge of the remains described above, held an Autopsy Inspection' and in my apinian death resulted to tural causes Accident Suicide . Hamicide Undetermined manner be retaine DIRECTOR: CHIEF MEDICAL FXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** Lane Wroth, M.D. ADDRESS (Street, of town, of Minc) haels. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 4-6-83 Delmarva Crematory Cremation Lewes Sussex 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR DHMH-17 1/71 10M Easton, Md. Newnam Funeral Home (VR ATSME (S))



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OR COUNTY STATE  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  OR COUNTY  STATE  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  OR COUNTY  STATE  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  OR COUNTY  STATE  OR COUNTY  STATE  OR COUNTY  STATE  DEGREE  ATTENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN CITY OR TOWN  COUNTY  STATE  22d. DATE SIGNED  22d. DATE SIGNED  COUNTY  STATE  OR COUNTY  OR COUNTY  STATE  OR COUNTY  STATE  OR COUNTY  OR COUNTY  STATE  OR COUNTY  OR COUNTY  OR CO	ires that the death certing and by the attending please remove corbon burial, cremation, or renty, or other traumatic ev		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	nsequence of			TION GIVEN IN PART 1:0	11
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(VRA 15, 4)

Mary F. Frankton

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216-18-7271 George C. Francton - Aldgely, Ed.

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5-3-33 Greensboro, Cenchery Greensboro Caroline Md.

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ony inj	CERTIFICATION	19a, DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	NDINGS LISED
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he low re on. hos been t permit. I ene prior	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO
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en ed		22b. SIGNATURE	view the body latter death.	DEGREE		22c. DATE SIGNED
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should be detach with the State De IMPORTANT: If It	-	UIDIN COSMAZION DEMOVI		NAME OF CONTROL OF COURT OF	123d LOCATION	
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	24 5	Burial UNERAL DIRECTOR	5-3-83 W	hite Marsh Cem.	Trappe ATE REC'D. BY REGISTRAR 25b. REG	ralbot Md
OM 4/82	24.	NAME	ADDRESS		MAY 5 4002	1 Can & Camel
5, 4)		Newnam Fu	neral Home Eas	Ston, Md 21601	MAI MANON	

A SELECTION OF THE PROPERTY OF THE PARTY OF Charles I was to be Margara Poneral Rome - Baseon, No. 21401 Margara

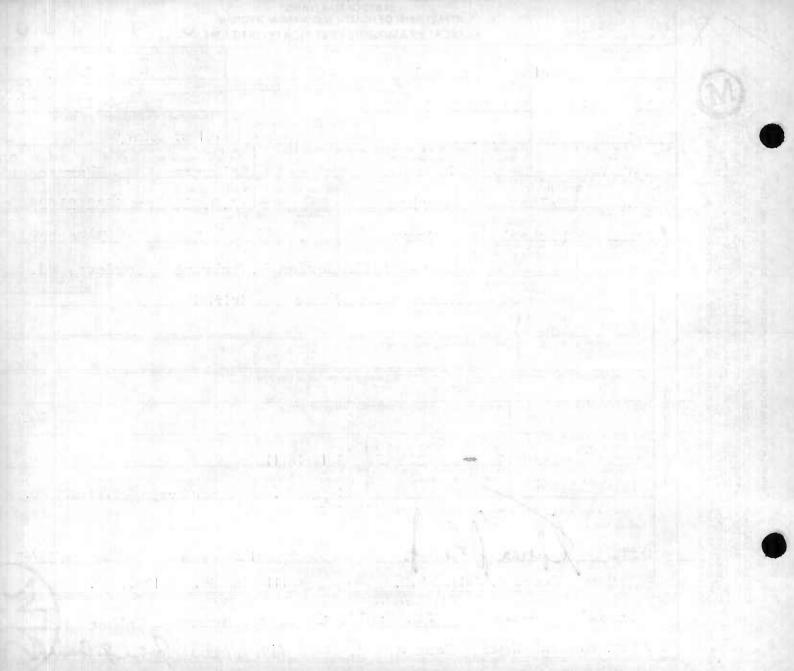
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400	10. C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST Meridian - Th		12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING FLOPIST	12b. KIND OF BUSINESS OR
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13/	) )	ATHER'S NAME AUGUST	IDDLE LAST	15. MOTHER'S MAIDEN  Kather	MIDDLE	LAST
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yinry.	N	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION (	GIVEN IN PART 1(0)
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8		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2}
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5		220.1 certify that (I) (this hospital saw the deceased alive on	0 4/19	00	nion deoth occurred on the date and h	, 19 tho (1) (ke) lost
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3 ₹	23 a. E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 2	3c. NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION	
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2/80	24. FU	NAME	solina Juneral Cotat	25g.	DATE REC'D. BY REGISTRAR 256-REG	ISTRAR'S SIGNATURE
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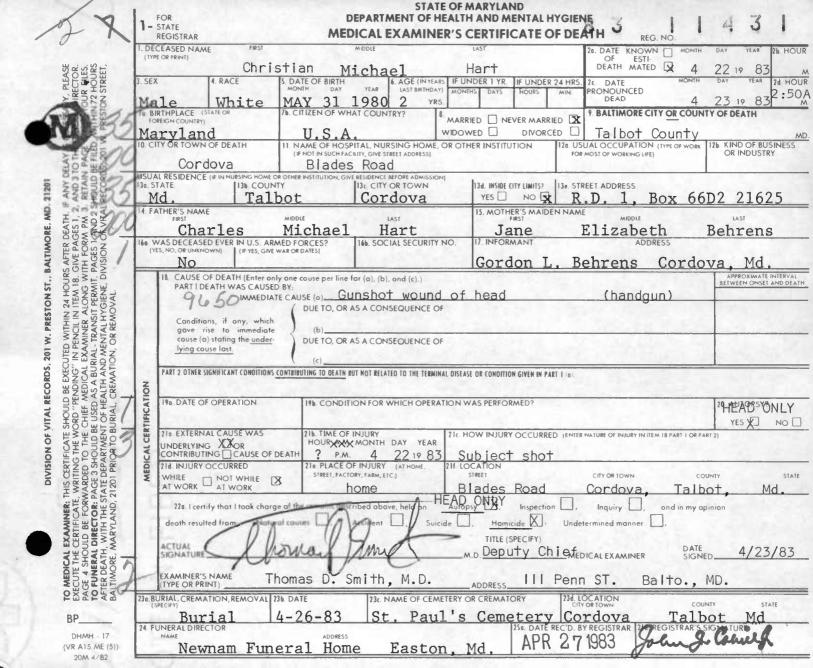
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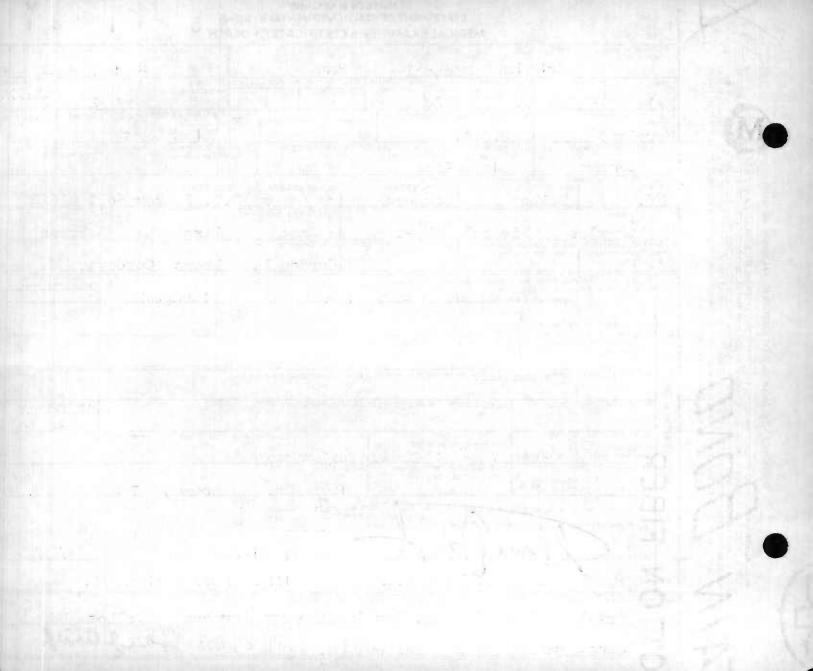
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41	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. N	1142
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3 SI	EX	4. RACE	S. DATE OF BIRTH	6. AGE IN YEARS LAST BIR	MONTHS DAYS HOURS
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4,4	IN CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a), (b)	), ond (c\.)	· / W-	APPROXIMATE INTE
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Ē	22a.l certify that (1) (this ha	spital) attended the deceased fro	om Olys 23 19 83	_ to apr	29 , 19 \$3 , that (1)
21 is	sow the deceased alive	on As 1 1 not) view the body ofter death.	9_05, and that in (my) (our) opinion	death occurred on the d	ote and hour and from the causes s
e a	22b. SIGNATURE	101) VIW The body offer deoffi.	DEGREE		224. DATE SIGNED
=	Kuhard	J. Maney	ATTENDING PHYSICIAN [	MEDICAL STA	
MPORTANT	22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	22e ADDRESS	3 DINECTOR 111101	1777
8 /					
IMPORTANT:	BURIAL, CREMATION: REMOV	AL 23b. DATE	1 23: NAME OF CEMETERY OR CREMATORY	123d. LOCATION	
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24	FUNERAL DIRECTOR	17 80103	250. DA		256 R GISTRAR'S SIGNATURE
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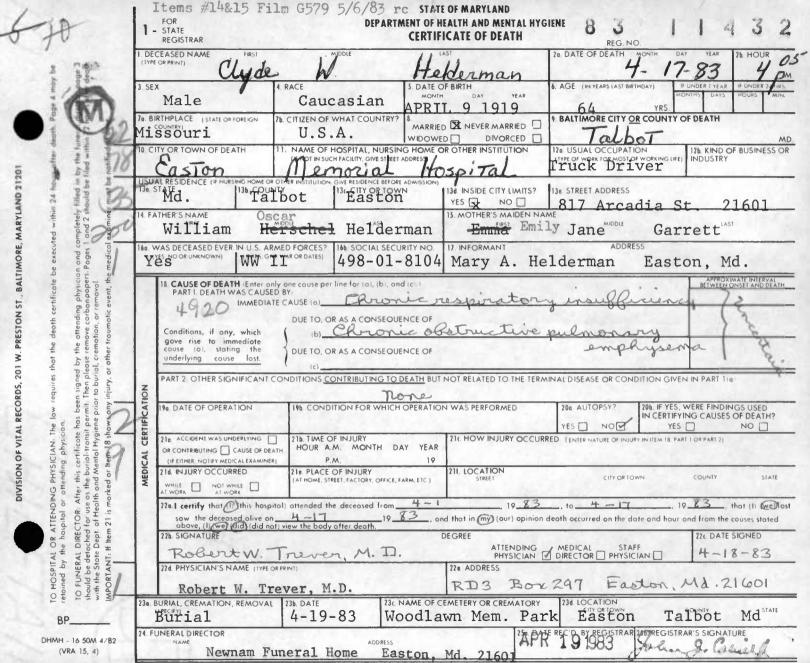
Reth L. Paris 6 1818 2 184 69 EASter Memor At Hospital Lander A LOS TRANSPORTER TO THE PROPERTY OF A COUNTY OF THE PARTY OF Donzel Nevers THE DIESTA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN MONTH 76 HOUR (TYPE OR PRINT) OF ESTI-Charles Hart 23 19 83 Michael 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE DAY LAST BIRTHDAY) PRONOUNCED 2:30A DEAD 23 19 83 Male 26 1943 40 YRS White FEB76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) DIVORCED Talbot County WIDOWED Maryland 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY ca Cordova Salesman Blades Road Pharmaceuti USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13m STREET ADDRESS NO J Talbot Cordova YES Box 66D2 21625 Md 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST 8. GIVE PAGES WITH FORM PA II. PAGES I AND DIVISION OF VI Michael Hart LaRue Potter James 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. INFORMANT (YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATES 216-42-1551 Cordova. No Gordon L Rehrens 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D ATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY mmediate cause (o) Gunshot wound of head (rifle) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL-FALTH AND ME CREMATION, lying couse lost. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION FORWARDED TO THE CHIEF TO THE CHIEF TO THE PAGE 3 SHOULD BE USED ITHE STATE DEPARTMENT OF HE AND, 21201 PRIÓR TO BURIAL 19g. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? ONLY 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 23 1983 Self inflicted 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CE
EXECUTE THE CERTIFICATE, WRITIN
PAGE 4 SHOUND BE FORWARDER
TO FUNERAL DIRECTOR; PAGE 3
AFTER CEATH WITH THE STATE CE
BASHMORE MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK AT WORK home Blades Rd Cardova Talbot HEAD ON A 228 I certify that I took charge of the remained escribed above held on Inquiry and in my opinion X deoth resulted from: real courses Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE M.D. Deputy ChiefedICAL EXAMINER 4/23/83 SIGNATURE SIGNED EXAMINER'S NAME Thomas D. Smith, M.D. Balto., MD. III Penn St. (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION COUNTY STATE St. Paul's Cemetery Cordova Burial 4-26-83 BP. 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR **DHMH - 17** Newnam Funeral Home Easton, Md. (VR A1S ME (5)) 20M 4/82









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	(TYP)	Kay	ymond	Crouse	ti lde		cick	a. DATE OF DEATH	April	3 83 2	
ge 4 moy	3. SE	Male	4. RACE Whi	lte	5. DATE O	DAY Y	396 6	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 1 YEAR IF UNDER 24 HRS	
eoth. Poge n 72 hours		RTHPLACE (STATE OF FOREIGN COUNTRY) Maryland		· A.		NEVER MARR	RIED 🔲	BALTIMORE CITY	OR COUNTY	OF DEATH	
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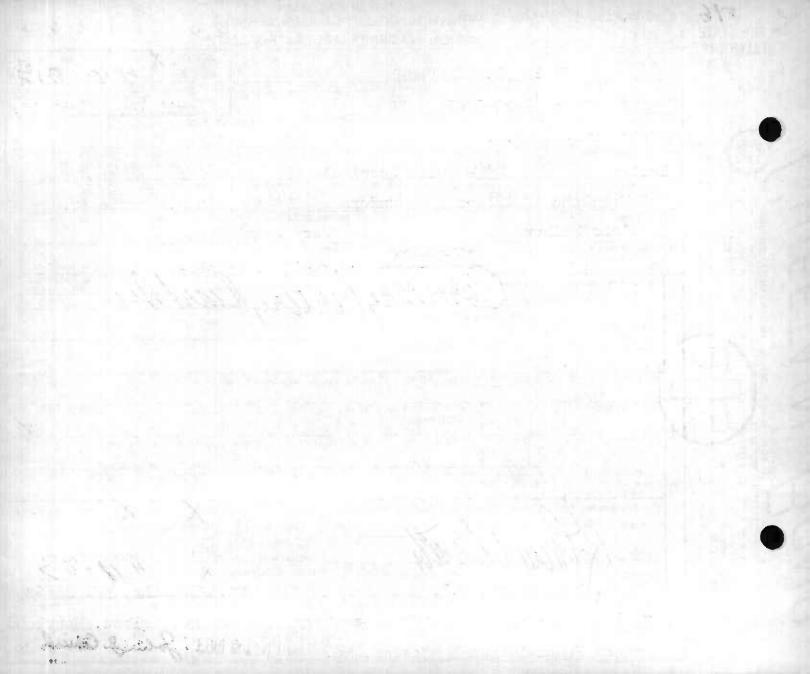
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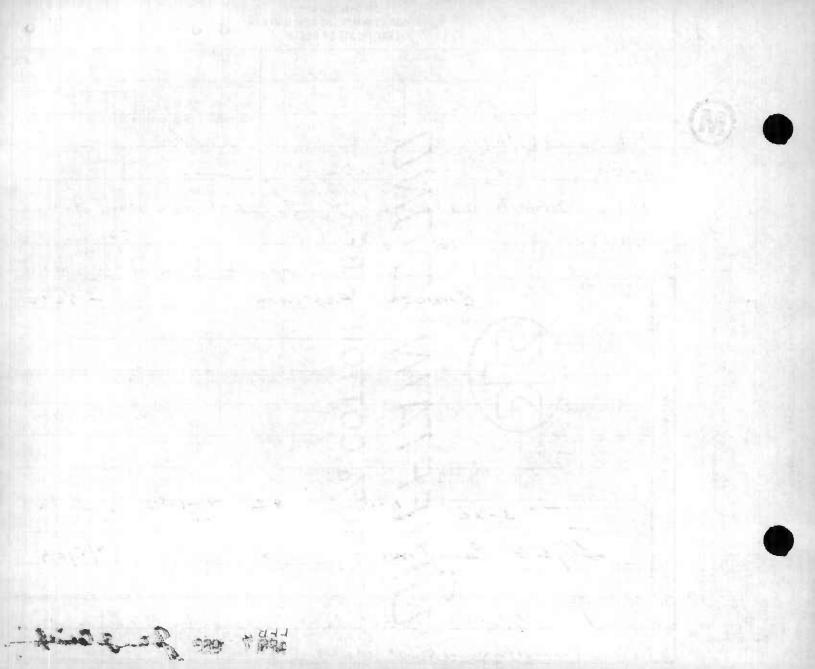
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14. FATHER'S NAME   First   Middle   Lost   IS. MOTHER'S MAIDEN NAME   First   Middle   Lost   Mary Pearl Pope
(Yes, na, or unknawn)  (Yes, or unknawn)  (Yes, na, or unknawn)  (Ye
(Yes, na, or unknawn)  (Yes, or unknawn)  (Yes, na, or unknawn)  (Ye
(Yes, na, or unknawn)  (Yes, or unknawn)  (Yes, na, or unknawn)  (Ye
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a).  Stating the underlying couse last.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES \( \)  NOW
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a).  Stating the underlying couse last.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES \( \)  NOW
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19d. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  19b. CONDITION FOR WHICH OPERATION  20. AUTOPSY?  YES NO. PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  19
WAS PERFORMED?  YES NOT THE PRIMARY OR CONTRIBUTING PART 2, Item 18.)  YES NOT THE PRIMARY OR CONTRIBUTING PART 2, Item 18.)  YES NOT THE PRIMARY OR CONTRIBUTING PART 2, Item 18.)  YES NOT THE PRIMARY OR CONTRIBUTING PART 2, Item 18.)  YES NOT THE PRIMARY OR CONTRIBUTING PART 2, Item 18.)  YES NOT THE PRIMARY OR CONTRIBUTING PART 2, Item 18.)  YES NOT THE PRIMARY OR CONTRIBUTING PART 2, Item 18.)  YES NOT THE PRIMARY OR CONTRIBUTING PART 2, Item 18.)  YES NOT THE PRIMARY PART 2 (Item 18.)
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≥ 5 5 5 5 5 5 1 1 AT WORK □ AT WORK
22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion
death resulted frame: Natural causes   Accident  , Suicide  , Homicide  , Undetermined manner    CHIEF MEDICAL EXAMINER
death resulted trape: Natural causes   Accident   Noticide   Homicide   Undetermined manner    CHIEF MEDICAL EXAMINER   22h DATE SIGNED
SIGNATURE SIGNATURE
DEPUTY MEDICAL EXAMINER ADDRESS (Street, city Sown, or Willy chaels, Md. 21663
220 DIPINI (PEMATION 22h DATE 22 NAME OF CEMETERY OF CRIMATORY
23d. BURIAL, (REMATION, PRINCIPLE) 23d. BURIAL, (REMATION, PRINCIPLE) 23d. BURIAL, (REMATION, County) (State) 23d. DOCATION (City or Town) (County) (State) 23d. BURIAL, (REMATION, PRINCIPLE)
Burial 4-12-1983 Oxford Cemetery Oxford Talbot Maryland



1	r	FOR		STATE OF MARYLAND		
1	1.	- STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1 4 3 6
-		CEASED NAME 1951	C.	Johnson		S3 10 PM
1	1.55	male_	BAL.	5. DATE OF BIRTH	74 YRS. M	IF UNDER 1 YEAR IF UNDER 24 HRS.
占		THPLACE INTER ORPOREDA 76.	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH MD.
R		aaton 11	(IF NOT IN SUCH FACILITY, GIVE-STREET	mand.	TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
33	13a.1	AL RESIDENCE (IF NURSING HOME OR OT STATE 13b. COUNTY		YES NO	130. STREET ADDRESS 725 Rose no	unt Ave
91	6	James E	Johnson	15. MOTHER'S MAIDEN NAI	MIDDLE	Spice
2		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		RITYNO. 17. INFORMANT Robert Campa-	- 725 Resenount	Ave Md, 210/3
mery, or officer recently of the	NOI	PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEI	NCE OF	NINAL DISEASE OR CONDITION GIVE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/
9	RTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH (	OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED //ING CAUSES OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT   OR PART 2}
D D D D D D D D D D D D D D D D D D D	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
H Hem Z I IS MG		220.1 certify that (1) (this happing) saw the deceased alive on abave, (1) (we) (did) (did not) v 22b. SIGNATURE	3-30 193	, and that in (my) (aur) opinion of DEGREE	, to	9, that (h (me) lost and from the couses stated
Z Z Z		22d. PHYSICIAN'S NAME (TYPEORPI	RINTI	22e. ADDRESS	SOURCECTOR PHYSICIAN	
_	23a. 1	BURIAL, CREMATION, REMOVAL	236. DATE 236 N 4/6/83 B	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN CAMPACING DOM	county STATE.
	24. F	UNERAL DIRECTOR T. Clain Funera	I Home SZI High	ST Mdizicis API	E REC'D. BY REGISTRAR 25 PEGISTR	AR'S GNATURE

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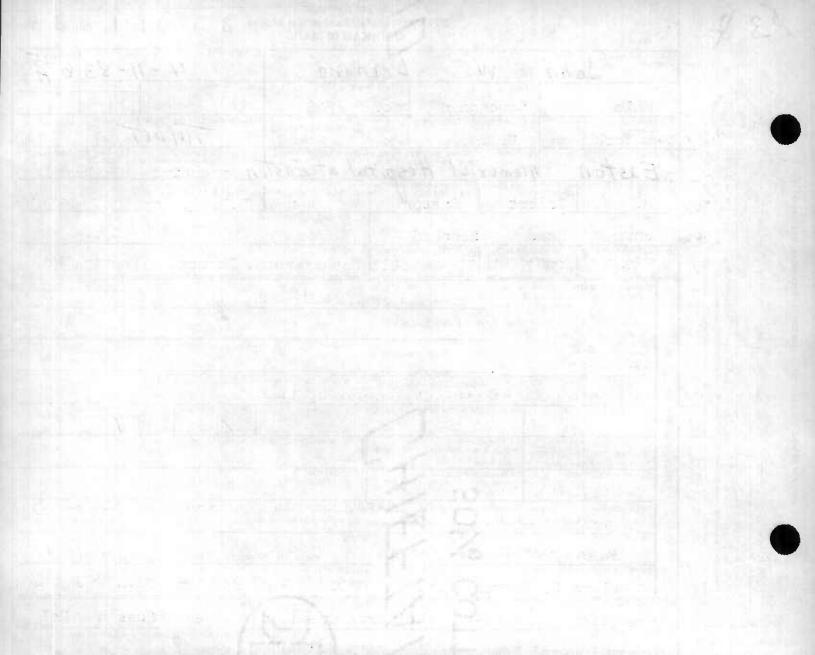


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DF VITA	Styles of the style of the styl		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	310	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR		_		ПО
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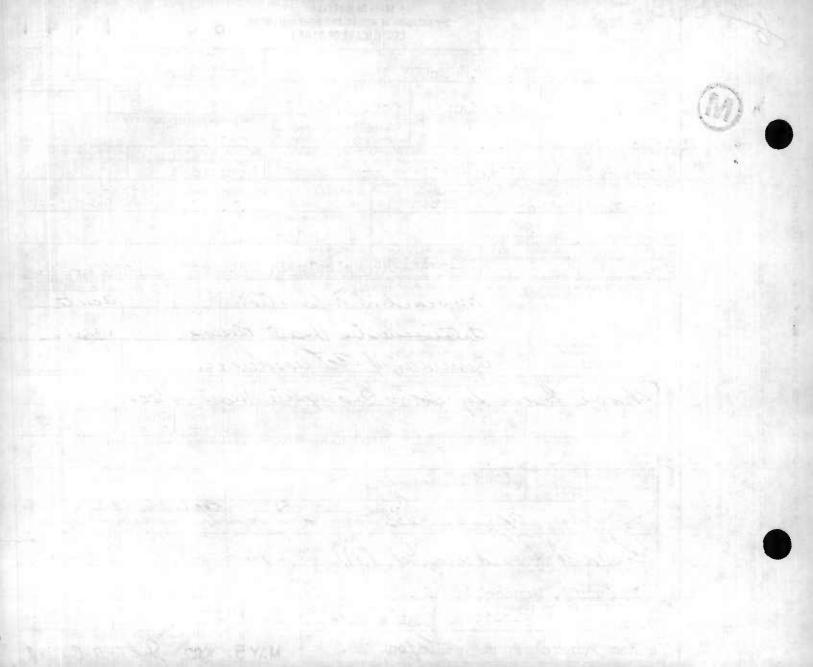


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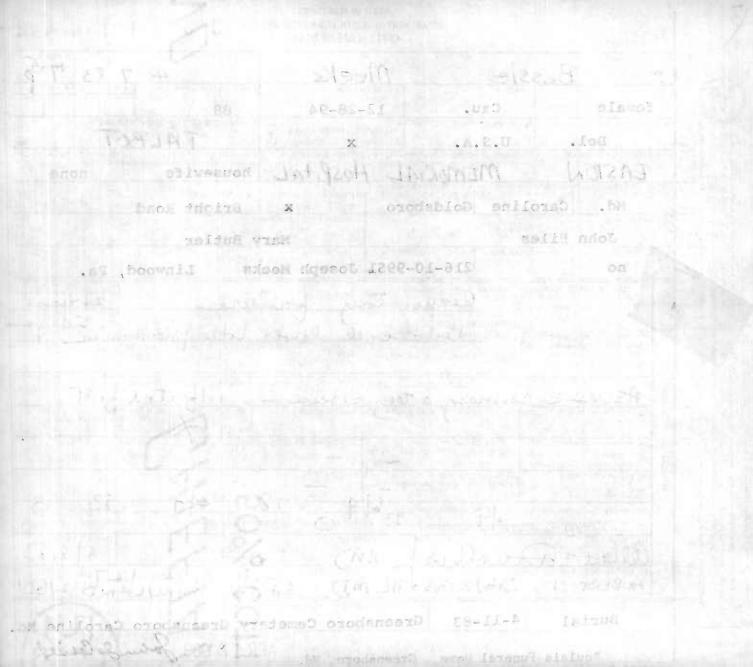
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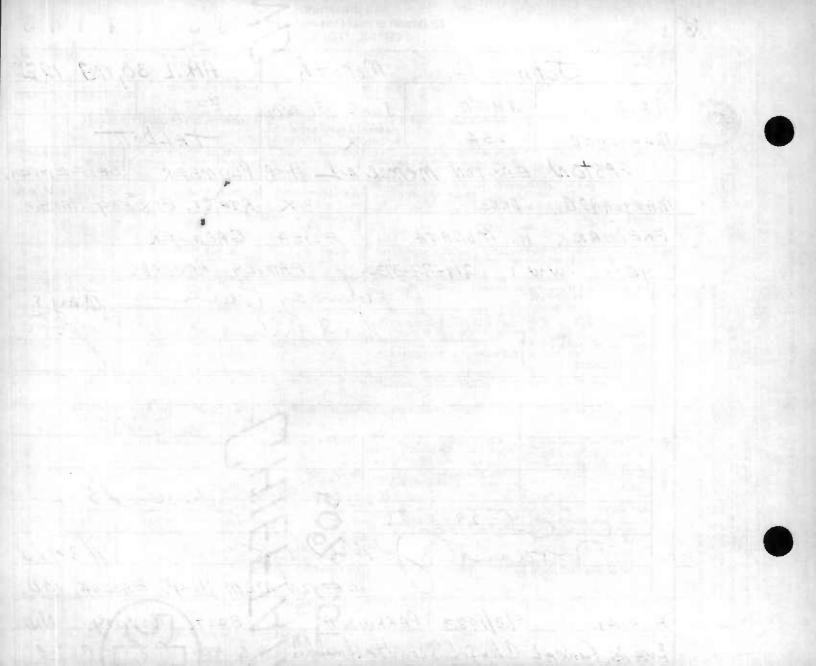


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Boulais Funeral Home



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e 8 4		REGISTRAR  CEASED NAME FIRST OR PRINT)	An G		math	REG. N.  2a. DATE OF DEATH  AR		26 HOUR 2
e 4 may ler, poge	3 SE	IALE	1. RACE WHITE	S. DATE O		6. AGE (IN YEARS LAST BIR		1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.
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SICIAN: I gg physici certificate rial-tronsition like in 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	TH DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART ) OR PA	ART 2)
offer this of the bury of the bury the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	2 CITY OR TO	own coun	NTY STATE
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TAL OR , y the ho y the ho detached detached to the Dept. If then		22b. SIGNATURE	aut	8)		MEDICAL STA DIRECTOR PHYSIC	FF C	39/83
TO HOSPIT. efound by TO FUNER, should be d with the Ste		22d. PHYSICIAN 5 NAME (1991)	58 FR9-11	0	EASTON N.	EM, HOST	P. EAST	ON, MD.
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DHMH - 16 50M 4/82	1	INERAL DIRECTOR	Ohn Dal A	pres Ha	Sala Data	E REC'D. BY REGISTRAR	75b. REGISTRAR'S SA	GNATURE



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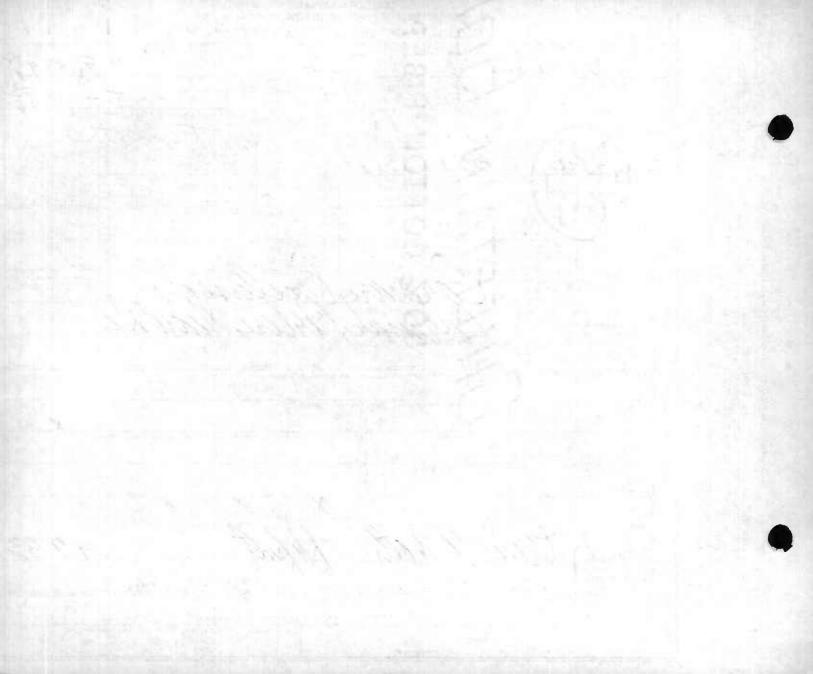
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN MONTH TYPE OR PRINTI OF ESTI-DEATH MATED I rulare 6. AGE IN YEARS IF UNDER LYR 5 DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED Male White 1916 66 DEAD 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Maryland U.S.A. WIDOWED | DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS Printer 21601 3c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 30 STATE Talbot Md. R.D. Canterbury Dr. Easton NO X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Frederick Nily H. Mamie Waldien 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS Yes 216-07-0120Alice B. Nilv Easton, Md. 18. CAUSE OF DEATH (Enter only one couse peg APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) USED 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 5 NO [ BE 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR o' CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 220. I certify that I took charge of the remains described obave, held an Autopsy Inspection ond in my opinion DIRECTOR MARYLAND, death resulted from: PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, V
BALTIMORE ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Lane Wroth, M.D. St. Michaels. (TYPE OR PRINT) ADDRESS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY 4-7-83 Delmarva Crematory Cremation Lewes DHMH-17 20M 1/73 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S (VR A15 ME (5)) Newnam Funeral Home Easton Md



				OF MARYLAND		
	1-	FOR STATE	DEPARTMENT OF HEA	ALTH AND MENTAL H	YGIENE	1 4 4 8
		REGISTRAR	MEDICAL EXAMINER	'S CERTIFICATE O	FDEATH REG. NO.	1 " "
DS, 201 W PRESTON STREET,		CEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26 HOUR
	()11		ncis Paul	Owen	OF ESTI-	4 1719 83 M
	3 SEX		5 DATE OF BIRTH 6. AGE (IN YEARS	IF UNDER TYR. IF UNDER 2	24 HRS. 2c. DATE	
	.N	ale White	MONTH DAY YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	MONTH DAY YEAR 2d HOUR 9 P
-		RTHPLACE (STATE OR	Dec. 2, 1918 64 YRS.  7b. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OF	4 17 19 83 M
	FC	REIGN COUNTRY)		MARRIED   NEVER MARRIE	D U	
		aryland		DOWED DIVORCE	1 4 4 4 4 P	County, MD.
1	IU. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE ( FOR MOST OF WORKING LIFE)	OF WORK 126 KIND OF BUSINESS OR INDUSTRY
5	9	Easton	Easton Memorial Hos	pital (DOA)	Carpenter	SelfEmploy
-	USU/	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			ip: 21629
)	100.0		oline Denton	YES X NO	604 High/ S	treet
100	M. FA	THER'S NAME		IS MOTHER'S MAIDEN	NAME	
1	V	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
	1An Ai	enry Harriso VAS DECEASED EVER IN U.S. AF	n Owen RMED FORCES?   I 6b. SOCIAL SECURITY NO		atherine Hunt	D 460
2	(Y	ES, NO, OR UNKNOWN) (IF YES, GIV	YE WAR OR DATES)			Box 163
		Yes WWI		2 May 0. F	Robey Pisg	ah, Md. 20640
		18 CAUSE OF DEATH (Enter of PART I DEATH, WAS CAUSE	only one couse per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
			ATE CAUSE (o) Arteriosclero	tic cardiovas	cular disease	
	- 3	1212	DUE TO, OR AS A CONSEQUENCE OF			
		Conditions, if ony, which gove rise to immediate				
		couse (o) stoting the under				
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	2	THE DATE OF OVERATION	198, CONDITION FOR WHICH OF EXAM	NA WAS PERFORMED!		20 AUTOPSY?
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	ŤH,	death resulted from Nin	ural couses X, Accident , Suicide	, Homicide	Undetermined monner,	
		ACTUAL /	100 al Al Thill	TITLE (SPECIFY)		DATE
_	1	SIGNATURE	miles I I me a	m.bDeputy Chi	E LEDICAL EXAMINER	DATE 4/19/83
1	Separate Sep	EXAMINER'S NAME				
1		(TYPE OR PRINT)	Thomas D. Smith, M.D.	ADDRESS	Penn St. Balto	)., MD.
	23a.B	JRIAL, CREMATION, REMOVAL	23h DATE 23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION	COUNTY STATE
	(:	Burial	4-21-83 Mt. Rest	Cemetery	La Plata Ch	arles Maryland
	24 F	JNERAL DIRECTOR		250. DATE RE	EC'D. BY REGISTRAR 25 REGIS	TRAR'S SIGNATURE
	Δ	NAME	ADDRESS	LAPR	26 1983 Joan	2. Capital
	VI	enait runera	al Home, Inc. La Pla	ta,Md.l.	- 3 1000	C. Conting

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME KNOWN 2a. DATE MONTH DAY 2h HOUR LITYPE OR PRINTS OF ESTI-10 83 6PN Н. 4. RACE 6. AGE I'M YEARS IF UNDER IF UNDER 24 HRS 2d HOUR SEX DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCES OF 18 25 YRS TE BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) New York WIDOWED DIVORCED Talbot 128 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Memorial Hospital Broker RealEstate Easton 13a STATE 13d. INSIDE CITY LIMITS? 136 COUNTY 13e. STREET ADDRESS Talbot Md Michaels Haul 21663 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Alfred MIDDLE MIDDLE LAST H. Ethel Check Porter 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 217-36-0471 Barbara B. Porter St. Michaels No ICAL EXAMINER ALONG WIT A BURIAL-TRANSIT PERMIT. P H AND MENTAL HYGIENE, DIV MATION, OR REMOVAL. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST T. M weed IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI AL, CREMATION, C lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? AL, FORWARDED TO THE CHIEF TOR: PAGE 3 SHOULD BE USEC THE STATE DEPARTMENT OF H AND, 21201 PRIOR TO BYRIAL. YES 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 23 C.SJOP.M. 19 83 in yard Working THE PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) SIREFI CITY OR TOWN COUNTY STATE WHILE NOT WHILE TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SITS BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on and in my opinion death resulted from: Natural causes Undetermined monner Homicide TITLE (SPECIFY 4-23.83 EXAMINER'S NAME (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION COUNTY STATE 4-27-83 Oxford Cemetery Burial Oxford BP 24 FUNERAL DIRECTOR 250. DATE REC'D. 8Y REGISTRAF **DHMH - 17** Newnam Funeral Home (VR A15 ME (5) Easton, Md.

20M 4/82

THE PROPERTY OF THE PARTY OF TH

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) DOROTHY R. SCHENCK APRIL 30. 1983 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR JUNE 30. 1913 WHITE FEMALE BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PENNA. U.S.A. TALBOT WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR HOME HOUSEWIFE MEMORIAL HOSPITAL EASTON 21.601 ST. MICHAEIS INSIDE CITY LIMITS? 21663 A. FATHER'S NAME 15. MOTHER'S MAIDEN NAME RHINE "SUSIE SHUMAN" ADDRESS WART INGHAW IAN WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT NYS. NO OR UNKNOWN I (IF YES, GIVE WAR OR DATES) SCHENCK ST. MICHAELS. THOMAS C. ARYLAND 18. CAUSE OF DEATH (Enter only one couse perfund to PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ buriol-transit Mental Hygie 216 TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER! 5 214. INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE WHILE NOT WHILE I AT WORK 72a.1 certify that (1) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 77k SIGNFAFORE 221 DATE SIGNED ATTENDING M 190 MEDICAL DIRECTOR PHYSICIAN! MPORTANT ld b LANE WROTH M.D. MICHAELS, MARYLAND 21.663 23a, BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE CREMATION MAR2.1983 CREMATORY BRENTWOOD DIRECTOR DHMH-16 60M 1/73 (VR A 15 (4)) 21.663

ACREMENT AN LINE OF THE 7891 OF akkan PARTIE ANTER THE STANK 30, 1912 69 AND A STEWN TON TO AND A STATE OF THE STATE TIE MARCHETAN A CHEMESTA TE TOUCHT CHARTANA quadre aless Carallour . I amounter a caralle Agreement to man Eddis Chailban butandia ... LINESPE PHAL IN Prepareto. 122,1603 FE. ILNUSIN CROMATORS CREMENTORS F.A. 64. DESTRUCTION OF THE PROPERTY OF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED A AGE (IN YEARS | IF UNDER 1 YR SEX DATE OF BIRTH UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD white 11-24-1901 female. TO BIRTHPLACE (STATE OF 6. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED FOREIGN COUNTRY) Indiana U.S DIVORCED 19 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITU 13b. COUNTY 3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Detroit 22066 Karl Wayne NO [] 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Alvin Masters Jenny Stratton 17. INFORMANT 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 84-54-848 Sharp see item 13 no CAUSE OF DEATH (Enter only one cause per BETWEEN CHISE? WAD DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. DUE TO Conditions, if any, which gave rise to immediate cause (a) stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURN YES E 3 SHOULL E DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 714 INJURY OCCURRED TIL LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALLIMORE, MARYLAND, 21201 Inspection X 22a. I certify that whithe remains described obave, held on Autapsy and in my opinion death resulted Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Lane Wroth, M.D. Michaels, Md. 21663 (TYPE OR PRINT) ADDRESS 23d. LOCATION 730. BURIAL, CREMATION, REMOVAL 736. DATE 73c NAME OF CEMETERY OR CREMATORY Burial 4-7-1983 Parkview Memorial Livonia Wayne 24 FUNERAL DIRECTOR **DHMH - 17** Newnam Funeral Home Easton, Md. (VR A15 ME (5)) 20M 4/B2

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Easton, Md

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(VRA 15, 4)

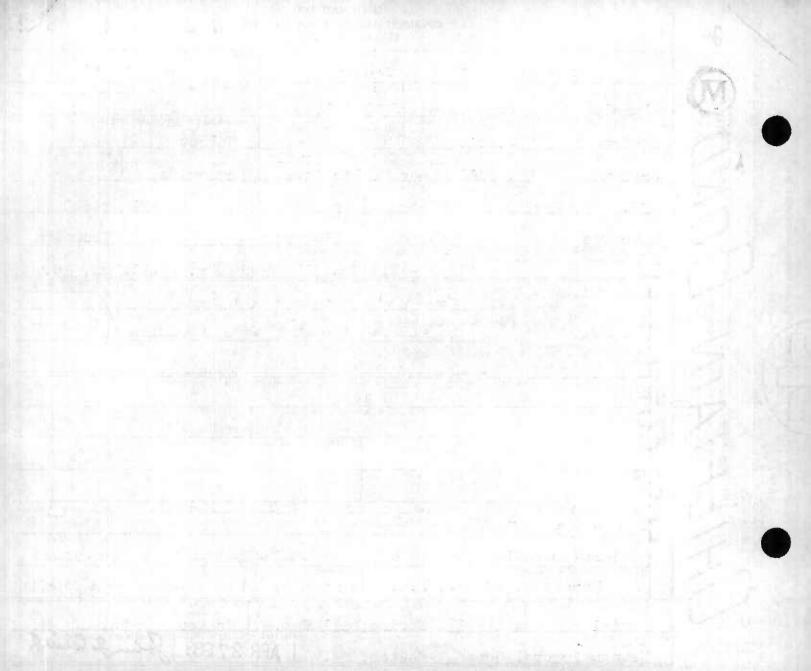
Newnam Funeral Home

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



CHANTES STANTI 1111 3717 ENSTEIN MENTER HER HERETLE THE RESERVE MUNIT THEY ENTINE S CHEN TO Committee Will PAN STATE Footen Rel 11601 with what 282 Black and the second ferrors remain

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12/	1 - STATE REGISTRAR		DEPART		TH AND MENTAL HYO	REG. NO		6	5 4
10	1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIOOLE	LAST		20. DATE OF DEATH	YAO HINON	YEAR 2b	HOUR9
ge 3 eath	OI	LIVER G	ORDON	SWE	NSON	APRIL	7. 19	983	TAM
a d	3. SEX	4 RACE		5. DATE OF BI	RTH	6. AGE (IN YEARS LAST BIRTH	HOAY) IF UNO	DER I YEAR IF U	UNDER 24 HRS
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AND 24	Md.	Talbot	Easton		s 🗶 NO 🗌	232 Broo	kwood /	Ave.	
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named to the property of the first terms of the fir As all for the rest of the second of the sec

				TATE OF MARYLAND		
10	1.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	REG. NO.	1 1 4 5 6
•		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
poge 3		Mary MARG	RET	Tolson	4	18 83 1125 AM
_ , 9	3. SE		RACE 5. DA	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 ector rs ofi	/	Temate	white j	uly 4 1903	79 YRS	
4 4		RTHPLACE (STATE OR FOREIGN	CITIZEN OF WHAT COUNTRY?	RRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
deo (MI)		Queen Anne Co.	USA	OWED DIVORCED	TALBOT	County MD.
ours after in by:	Ë	ASTO N	1. NAME OF HOSPITAL, NURSING HOA (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PASTON MEMOR	IAL HOSPITA	126 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Teacher	126. KIND OF BUSINESS OR INDUSTRY
hour in hour	USU 13a.	AL RESIDENCE IN NURSING HOME OF	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI Y 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	21666
tilled 124		Md. Quee	Anne Stevensvill	e YES NO 🖫	Rt. #2 Box 609	Stevensville Mo
maktrano 2 ho led within 24 ho long is ond 2 should be examine must	14. FA	ATHER'S NAME FIRST	DDLE LAST	15. MOTHER'S MAIDEN NA/	WIDDLE	LAST
		William I	2420011	Marga		Carville
mond or Pages			WAR OR DATES)		ADDRESS	21666
- 0 0v 0		no	219–36–7477	William E.Den	my III Box 246	Stevensville Md.
0 00- +		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ane cause per like far ya), (6), and (c). BY:	nent.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on de de		4100 IMMEDIAT	CAUSE (a)	400	1 1 1	1910 mines
death c ottendir ove cort stian, or roumotic		Constitution of the state	DUE TO, OR AS A CONSTQUENCAS	14 9 cardeal	I refusition	9 kans
the death		Canditions, if any, which gave rise to immediate	(b) 12 009 C		01.	11
to de de		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	eropic Henry 1	Phoene	Year
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The single	NO					
D n n n n	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
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DING Por otter 11 After 11 ac st the morked morked		AT WORK AT WORK	1 10	1977	Ulk	27
		220.1 certify that (1) (this haspi	1) attended the deceased fram?	and that in (my) (our) apinion (	death accurred on the date and h	our and from the causes stated
OR ATTEN e hospital DIRECTOR oched for us Dept. of He		abave, (I) (we) (did) (did no	view the body after death.	DEGREE		72: DAW SIGNED
A H H H H		W'h	An over	MO ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	4/19/83
TO HOSPITAL retained by the TO FUNERAL should be detted with the State MAPORTANT:		224. PHYSICIAN'S NAME ITYPES	H NO81	270 ADDRESS AS	DON Md	
	23o.	BURIAL, CREMATION, REMOVAL BURIAL		OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	-		4-21-0) Steven	sville Cemetery		Queen Anne Md.
DHMH - 16 50M 4/82	74. F	UNERAL DIRECTOR	ADDRESS	API	R 25 1983	STRAR'S SIGNA URE
(VRA 15, 4)		Helfenbei	n-Hubbard Chester	Md. 21619 AF	11 2 3 200 7	4

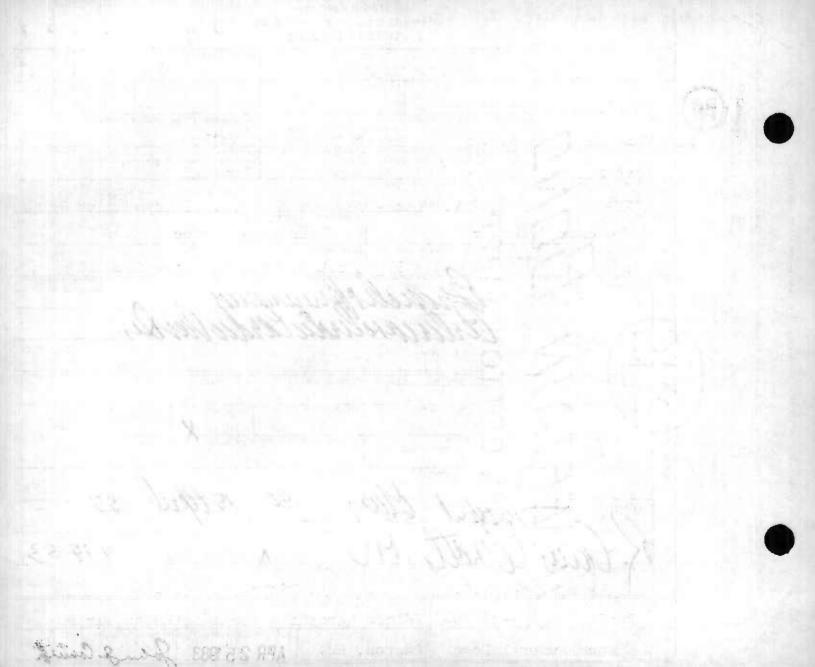
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oy be oge 3 deoth	(TYPE OR PRINT) All	en	C.	$\omega$	aldmo	an	- 4	+ /	8 8	3 12 0 M
fer d	3. SEX	4. RACE		S. DATE O		VEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DA	
oge 4	Male		asian	JÜL	17 1	1909	73	YRS		
Po di di	70. BIRTHPLACE (STATE ( COUNTRY)		F WHAT COUNT	RY? 8. MARRIED	NEVER MA		9. BALTIMORE C	TY OR COUN	TY OF DEATH	
de de la companya de	Maryland M. CITY OR TOWN OF D	U.S	.A.	WIDOWE		ORCED	10/bo	IPATION	126 KIN	D OF BUSINESS OR
rs ofter filed filed	Easton	The	Lemono	HOS.	oital	OHOIN	Archit	AOST OF WORKING		
DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours retending physician.  When this certificate has been signed by the oftending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, or removal.  orked or them 18 shows ony injury, or other traumotic event, the medical administration or the control or the control of the control of the control or the control of the contr	USUAL RESIDENCE (# N 130 STATE Md.	URSING HOME OR OTHER INSTITUTION 13% COUNTY Talbot	13t. CITY OR T	OWN	4.00	VO 🗆		ghtsor	ı Ave.	21601
within within d 2 sh	14. FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S	DC T		DIE		LAST
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MORE, n and ce Pages	NO WAS DECEASED EV	ER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)			17 INFORMAN		Waldman			MJ
e be ers. Pe					Natar.	Le D.	wardila	11 E.	aston,	ROXIMATE INTERVAL
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N ST certi certi rbon r ren ric ev	5712	IMMEDIATE CAUSE (o)	NO NO	outles of	1	,				
death death ottendi	Conditions, if o		OR AS A CONSE	uner	Corr	horas				3yrs
W. PRE	gove rise to cause (a), sta underlying car	immediate DUE TO.	OR AS A CONSE	OUENCE OF		g.				
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RDS, sign Then to bu		ioni jezin conomiono	CONTRIBUTION	70 02/111						
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OF VITAL RICIAN: The lag physicion.  Principle has a physicion oil-transit per mid l Hygine mall shows	RIFE						YES NO	<u> </u>	YES 🗌	NO 🗆
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15101 Frending The bury The bury	WHILE NOT AT WORK		STREET, FACTORY, OF	FICE, FARM, ETC )	STREET		CIT	ORTOWN	COUNTY	STATE
DINO or o Afte e os olth mork		(1) (this hospital) attended	the deceased from	om 2- /	178	19		118	1983	_, that (1) (we) lost
RECTOR: red for us pt. of He em 21 is	sow the dece	1 411	8		d that in (my) (	our) opinion d	leath accurred on	the date and h	naur and from	the causes stated
	226. SIGNATURE	Tre 1 1	a O		DEGREE		/		221, D/	ATY SIGNED
AL O r the AL Di detocl ore Do ore Do		W JANI	000	1	PI		MEDICAL DIRECTOR P	STAFF HYSICIAN [	7	(14/03
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DHMH - 16 50M 4/82	24. FUNERAL DIRECTOR	?	ADDR	ESS			REC'D. BY REGIS	177	ISTRAR'S SIGN	NATURE
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The post	1. SE		1. RACE	5. DATE O	F BIRTH	6. AGE (IN YEAR LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 4 HRS
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		COUNTRY)	6. CITIZEN OF WHAT COUNT	RY? 8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COL	UNTY OF DEATH
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he for the format of the forma	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
Clan: 1 physic intilicots of-tron thal flyg em 18 sh	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)
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at of the second		sow the deceased alive on abave, (1) (we) (did) (did na)	view the bady after death.	953, an	d that in (my) (our) opinion	death accurred on the date and	d haur and from the causes stated
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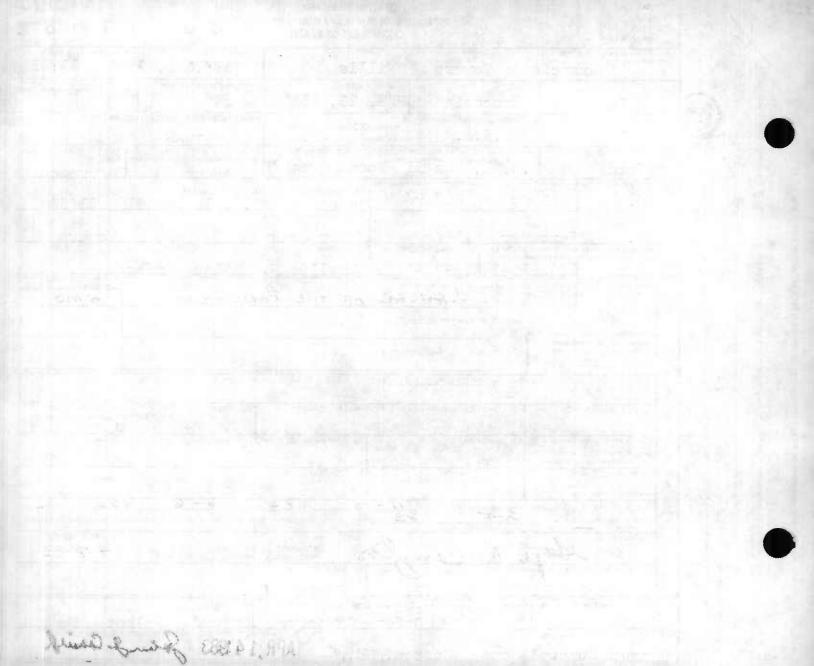


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n 18 shows any	L CERTIFICATION	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCURR		
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ar Item 18	MEDICAL CERTI	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 214, INJURY OCCURRED	TH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION		RY IN ITEM 18 PART I ORPART 2)
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saw the deceased glive an above, (1) (x/E) (did not) view the body after death.  19		MED		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		CITY OR TOWN	COUNTY
ATTENDING PRINTING PHYSICIAN STAFF PHYSICIAN PHYSICIAN PHYSICIAN 428  226 ADDRESS  PGREGG RIZORS, M.D. 400 Dutch mans la, Easton Mal 2  236 MUHIAL CHITCHER 236. DATE 236 NAME OF CEMPTERY OR CREMATORY CITYOR TOWN CITYOR TOWN COUNTY PARTITION PARTI	2 2		saw the deceased alive an above, (I) (ve) (did) (did nat) v	914/1983		death occurred on the date o	nd haur and from the cause
PGREGO RIZOdes, M.D. 400 Dutchmons la, Easton, Mol 2  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY CITY OF COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY CITY OF COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY CITY OF COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY CITY OF CREMATORY COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY CITY OF CREMATORY COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY CITY OF CREMATORY COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY CITY OF CREMATORY COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY CITY OF CREMATORY COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY CITY OF CREMATORY COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY CITY OF CREMATORY COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY CITY OF CREMATORY COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY CITY OF CREMATORY COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CEMPTERY OF CREMATORY CITY OF CREMATORY COUNTY  1236 MURIAL CHI MOTOR HOUSE 1236 NAME OF CREMATORY CITY O	T Fee		( Srenge)	Cla Mrs	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	4/20
4/30/83 Gauld form. Gerell then go	IMPOKIAN A	2 0	PGREGG RI-	rodes, M.D	400 Dutch	monsla, Eas	ton, Mdz
		1	4750	11/200	Id farm.	Care to the	COUNTY REGISTRAN'S SIGNATURE

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